



|  |                                  |                          |  |
|--|----------------------------------|--------------------------|--|
| <b>Supplemental Agreement<br/>Number</b> _____ |                                  | Organization and Address |  |
| Original Agreement Number                      |                                  | Phone:                   |  |
| Project Number                                 | Execution Date                   | Completion Date          |  |
| Project Title                                  | New Maximum Amount Payable<br>\$ |                          |  |
| Description of Work                            |                                  |                          |  |

The Local Agency of \_\_\_\_\_  
desires to supplement the agreement entered into with \_\_\_\_\_  
and executed on \_\_\_\_\_ and identified as Agreement No. \_\_\_\_\_

All provisions in the basic agreement remain in effect except as expressly modified by this supplement.

The changes to the agreement are described as follows:

**I**

Section 1, SCOPE OF WORK, is hereby changed to read:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II**

Section IV, TIME FOR BEGINNING AND COMPLETION, is amended to change the number of calendar days for completion of the work to read: \_\_\_\_\_

**III**

Section V, PAYMENT, shall be amended as follows:

\_\_\_\_\_  
\_\_\_\_\_

as set forth in the attached Exhibit A, and by this reference made a part of this supplement.

If you concur with this supplement and agree to the changes as stated above, please sign in the appropriate spaces below and return to this office for final action.

By: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Consultant Signature

\_\_\_\_\_  
Approving Authority Signature

\_\_\_\_\_  
Date

## Exhibit “A” Summary of Payments

|   | Basic Agreement | Supplement #1 | Total |
|---|-----------------|---------------|-------|
| Direct Salary Cost                        |                 |               |       |
| Overhead<br>(Including Payroll Additives) |                 |               |       |
| Direct Non-Salary Costs                   |                 |               |       |
| Fixed Fee                                 |                 |               |       |
| <b>Total</b>                              |                 |               |       |